

AGREEMENT BETWEEN THE DEPARTMENT OF EDUCATION AND THE

(District Name)
SCHOOL DISTRICT
FOR THE PROVISION AND REIMBURSEMENT
OF ADMINISTRATIVE CLAIMING ACTIVITIES

The Kentucky Department of Education (KDE) and the above named school district hereby agree to the principles, terms and effective dates in this agreement. This agreement defines each party's responsibilities for the provision of and reimbursement for Medicaid administrative activities necessary for the efficient and effective implementation of the Title XIX (Medicaid) State Plan. Legal authority for this program is found in HB269 (IX) (15) enacted by the 2003 Kentucky General Assembly. The Department for Medicaid Services (DMS) is the single state agency under Title XIX that has authority for the Medicaid program. DMS has entered into an agreement with the KDE to administer the School-Based Administrative Claiming program.

I. General Principles

This agreement is based on the following general principles:

- A. The aforementioned parties have a common and concurrent interest in providing Medicaid administrative activities and being reimbursed for the associated costs of providing these activities within parameters established by the Centers for Medicare & Medicaid Services (CMS) and the Kentucky Department for Medicaid Services (DMS), and under a plan approved by CMS.
- B. This agreement is in no way intended to modify the responsibilities or authority previously delegated to the parties.
- C. This agreement is not intended to override or obsolete any other agreements or memorandums of understanding that may already exist between these parties.
- D. Any contractor of the school district involved with administrative claiming activities is bound by the terms of this agreement.
- E. This agreement provides a mechanism for payment of federal funds from CMS and, in no way, creates a requirement for DMS or KDE to reimburse the school district from DMS or KDE state funds.

II. Terms

A. KDE agrees to the following terms:

- 1. KDE will designate an employee to act as a liaison for the Medicaid School-based Administrative Claiming program (SBAC).

2. KDE, in coordination with DMS, will develop a list and description of Medicaid reimbursable school-based administrative activities that may be performed by school district employees or contractors. These activities are found in Attachment I of this agreement. A full description of activity codes that must be used for administrative claiming activity is included in the “Medicaid School-Based Administrative Claiming Guide.” Modifications to the administrative claiming activities will be made through revision of the “Medicaid School-Based Administrative Claiming Guide.”
3. KDE, in coordination with DMS, will notify the school district of any program change that will affect reimbursement.
4. KDE will provide training materials and initial and ongoing training for school districts in the use of CMS approved sampling methodology and financial reporting.
5. KDE will calculate a claim for the school district on a quarterly basis in accordance with CMS approved methodology. KDE will submit the claim to DMS and, upon approval and receipt of funds, will reimburse the school district a minimum of 60 percent of the federal share. This percentage of reimbursement may increase as a result of increased district participation. Any increase in percentage of reimbursement will be reflected by an annual amendment on July 1.
6. KDE will periodically monitor school district records pertaining to the Medicaid School-based Administrative Claiming program.
7. KDE will develop procedures for repayment of funds in the event of an audit exception or disallowance.

B. The school district agrees to the following terms:

1. The school district will designate a coordinator to serve as single point of contact for all communications relating to the SBAC program. The coordinator will attend a SBAC “Coordinators’ Training” and “Train-the-Trainer” session presented by KDE and ongoing training as necessary.
2. The school district or its contractor will comply with the federal cost principles and other administrative requirements found in the Office of Management and Budget’s (OMB) Circular A-87 and the Code of Federal Regulations (CFR), Title 45, Parts 74 and 95.
3. The school district will follow the policies and procedures contained in the “Medicaid School-Based Administrative Claiming Guide.”
4. The school district will submit to KDE a roster of district employees and contractors who have been identified to be routinely providing Medicaid school-based administrative activities and who meet the criteria detailed in the “Medicaid School-Based Administrative Claiming Guide.” These employees will participate in quarterly time studies as outlined in the

“Medicaid School-Based Administrative Claiming Guide.” The school district will verify that time study participants have completed the required training prior to their participation.

5. The school district will submit to KDE quarterly cost data and certify that it has made expenditures for school-based administrative activities being claimed.
6. The school district shall maintain and make available upon request by CMS, KDE or DMS all documentation related to the school-based administrative claiming program. Documentation will include personnel rosters, training materials, training schedules, time study participant training sign-in sheets, time study forms and summary and financial information used to determine the district’s expenditures such as payroll and indirect cost information and other documentation as requested.
7. Any repayment of funds due to an audit exception, deferral or denial is the responsibility of the school district, even after withdrawal from the program.

III. Confidentiality

The school district agrees to abide by the statutes and regulations regarding confidentiality of personal medical records as mandated by the Health Insurance Portability and Accountability Act (42 USC 1320d) and set forth in federal regulations at 45 CFR Parts 160 and 164. Any subcontract entered into by the school district as a result of this agreement shall mandate that the subcontractor is required to abide by the same statutes and regulations regarding confidentiality of personal medical records as the school district.

IV. Effective Date, Changes, Life of this Agreement

- A. The effective date of this agreement will be the first day of the first quarter during which valid time studies are conducted in the school district and are subject to CMS approval.
- B. Changes may be made to the agreement in the form of amendments and must be signed by all parties.
- C. Changes in the CMS matching percentage or administrative activities eligible for match will not be made via this agreement, but will be through revision of the “Medicaid School-based Administrative Claiming Guide” and effective the date specified by CMS.
- D. This agreement will continue in effect for five years, to be renewed automatically on an annual basis or until terminated by KDE or the school district. Either party may terminate this agreement within thirty days of written notification to the other party.

SIGNATURES:

Superintendent or Authorized Representative

Date

District Name

Gene Wilhoit
Commissioner of Education
Kentucky Department of Education

Date

**Judy Tinsley/ SBAC Coordinator
Kentucky Department of Education
1612 Capital Plaza Tower
500 Mero Street
Frankfort, KY 40601
502-564-1979**

KENTUCKY SBAC REIMBURSABLE ACTIVITIES

Code 1.b. Medicaid Outreach– 50 percent Federal Financial Participation (FFP)

School staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it. Activities include bringing potential eligible participants into the Medicaid system for the purpose of determining eligibility and arranging for the provision of Medicaid services. School districts may only conduct outreach for the populations served by their district, i.e., students and their parents or guardians. Examples include:

- Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment and screening) and services provided through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
- Informing children and their families how to effectively access, use and maintain participation in all health resources under the Federal Medicaid Program.
- Assisting in early identification of children who could benefit from the health services provided by Medicaid as part of a Medicaid outreach campaign. This activity is distinguished from “child find” activities that are required under IDEA. Child Find activities should be reported under Code 1.a. (Non-Medicaid Outreach).
- Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well baby care programs and services.
- Providing referral assistance to families where Medicaid services can be provided.
- Notifying families of EPSDT program initiatives, such as screenings conducted at a school site. (Note: This type of activity is subject to the **free care** principle that precludes Medicaid from paying for services and activities provided to Medicaid recipients, which are generally available to all students without charge, and for which no other sources of reimbursement are sought; e.g., does not include vision hearing and scoliosis screenings offered free to all students.)
- Providing information regarding EPSDT Special Services to individuals and families and how to access those services.

Activities which are not considered Medicaid outreach under any circumstances are: (1) general preventive health education programs or campaigns addressed to lifestyle changes, and (2) outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid.

Code 2.b. Facilitating Medicaid Eligibility Determination-50 percent FFP

School staff should use this code when assisting an individual in becoming eligible for Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility. Examples include:

- Verifying an individual’s current Medicaid eligibility status.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
- Assisting individuals or families to complete a Medicaid eligibility application.
- Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.

- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
- Referring an individual or family to the local Department for Community Based Services to make application for Medicaid benefits.
- Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.

Code 5.b. Transportation related to Medicaid Services – 50 percent FFP

School district staff should use this code when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct cost of the transportation, but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities. An example is:

- Scheduling or arranging transportation to Medicaid covered services.

Code 6.b. Translation Related to Medicaid Services- 50 percent FFP

Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. However, separate units must provide it **or** separate employees performing solely translation functions for the school district **and** it must facilitate access to Medicaid covered services.

This code should be used by school district employees who provide translation services related to Medicaid covered services as an activity separate from the activities referenced in other codes. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

- Arranging for or providing oral translation services that assist the individual or family to access and understand necessary care or treatment.
- Arranging for or providing signing services that assist the individual or family to access and understand necessary care or treatment.
- Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid.

Code 7.b. Program Planning, Policy Development and Interagency Coordination Related to Medical Services-50 percent FFP

School district staff should use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid eligible medical/mental health services to school age children and when performing collaborative activities with other agencies. Only employees whose position descriptions include program planning, policy development and interagency coordination should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

- Identifying gaps or duplication of medical/mental health services to school age children and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to access or increase the capacity of school medical and mental health programs.

- Monitoring the medical/mental health delivery systems in schools.
- Developing procedures for tracking families' requests for assistance with medical/mental services and providers including Medicaid. (This does not include the actual tracking of requests for Medicaid services.)
- Evaluating the need for medical/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population or geographic area.
- Working with other agencies and/or providers that provide medical/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible individuals and to improve collaboration around the early identification of medical problems.
- Defining the scope of each agency's Medicaid services in relation to the other.
- Working with Medicaid resources, to make good faith efforts to locate and develop EPSDT health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
- Developing medical referral sources such as directories of Medicaid providers and KenPAC providers, who will provide services to targeted population groups, e.g., children eligible for EPSDT services.
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

Code 8.b. Medical/Medicaid Specific Training – 50 percent FFP

This code should be used by school district staff when coordinating, conducting or participating in training events and seminars for KDE, SBAC and DMS staff regarding the benefits of the Medicaid program, how to assist families in accessing Medicaid services and how to more effectively refer students for services. Include related paperwork, clerical activities or staff travel required to perform these activities. Training can be coded in three ways: as a separate code (Code 8.b.); as General Administration (Code 10); or as part of a specific activity code. Examples include:

- Participating in or coordinating training, which improves the delivery of Medicaid services.
- Participating in or coordinating training, which enhances early identification, intervention, screening and referral of students with special health needs to EPSDT services (this is distinguished from IDEA child find programs).

Code 9.b. Referral, Coordination and Monitoring of Medicaid Services–50 percent FFP

School district staff should use this code when making referrals for, coordinating and/or monitoring the delivery of medical (Medicaid covered) services. Include related paperwork, clerical activities or staff travel necessary to perform these activities.

Activities that are part of a direct service are not claimable as an administrative service. Examples include:

- Making appropriate referrals for and/or coordinating medical or dental examinations and necessary medical/mental health evaluations.
- Making appropriate referrals for and/or scheduling EPSDT screens, inter-periodic screens and appropriate immunization, but NOT to include the state-mandated health services (vision, hearing and scoliosis screening in schools).
- Referring students appropriately for necessary medical health, mental health or substance abuse services covered by Medicaid.

- Arranging for any Medicaid covered medical/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/mental health condition based on the findings other than when provided as a direct service.
- Gathering any information that may be required in advance of these referrals.
- Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid.
- Providing follow up contact to ensure that a child has received the prescribed medical/mental health services covered by Medicaid.
- Coordinating the completion of the prescribed services, termination of services and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
- Providing information to other staff on the child's related medical/mental health services and plans.
- Coordinating the delivery of community-based medical/mental health services for a child with special/severe health care needs.
- Providing information about Medicaid EPSDT screening (e.g., dental and vision) in the schools to help identify medical conditions that can be corrected or improved by services through Medicaid.
- Coordinating medical and mental health services provision with KenPac providers, as appropriate.

Note: A “referral” is considered appropriate when made to a provider who can provide the required service, will accept the student as a patient, and will accept the student's source of payment for services.